

Reimbursement form

Remit form to: OAEA c/o Amy Fiegener
2609 Sunset Drive
Clinton, OK 73601



Choose Program below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Communication | <input type="checkbox"/> National Board |
| <input type="checkbox"/> YAM | <input type="checkbox"/> Conference | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> YTIO | <input type="checkbox"/> Jr. YTIO | _____ |

Name _____

Address _____

Phone _____

Email _____

Date Purchased _____

Reason for purchase

Purchased From	Items Purchased	Cost/item	Total cost	Date Approved office use
Total cost all lines				

Payees Name _____

Address _____

Phone () _____

Please fill out form, attach receipt, and mail to above address.

If you choose to submit form electronically please submit a scanned copy of receipt and form in an e-mail to: atmfig@sbcglobal.net

Treasurer Information	
Date forms received	_____
Check number issued	_____
Amount	_____
Date Mailed	_____